



NCOA[®]

Non Commissioned Officers Association of the United States of America

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STATEMENT OF

H. GENE OVERSTREET

**PRESIDENT, NON COMMISSIONED OFFICERS ASSOCIATION
OF THE
UNITED STATES OF AMERICA**

BEFORE THE

JOINT HEARING OF

THE COMMITTEES ON VETERANS AFFAIRS

UNITED STATES SENATE

AND

UNITED STATES HOUSE OF REPRESENTATIVES

First Session, 113th Congress

Thursday, February 28, 2013

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Chairman Sanders, Chairman Miller, Ranking Members Senator Burr and Congressman Michaud, and Members of the Committees on Veterans Affairs, I am Gene Overstreet, President, Non Commissioned Officers Association of the United States of America (NCOA). We extend our formal welcome to Chairman Sanders and Ranking Member Michaud in their new leadership roles on their respective Committees.

NCOA remains most appreciative of this opportunity to formally present the Association's legislative concerns and priorities at the start of the 113th Congress.

The 113th Congress Assembled

Let us not forget:

There is a nexus between how a nation takes care of its military personnel and veterans in relation to future military recruiting and military retention in the all volunteer force.

The 113th Congress is well challenged today by a number of world and economic circumstances which include:

National and world economies in turmoil,

A United States national deficit at an unprecedented level, \$16,540,753,296,599 and still rising as of February 21, 2013,

The Congress' Joint Select Committee on Deficit Reduction failed in November 2011 to reach bipartisan agreement on a deficit reduction recommendation, and this week Congress must agree on a deficit reduction proposal, extend the deadline, or the original scheduled Sequestration will begin March 1, 2013,

A YEAR AGO, during the VSO Joint Hearings your Committees were attempting to determine if Sequestration would impact the Department of Veterans Affairs Budget. Now a year later that same budget question appears to loom before the Nation and your Committees.

NCOA recognizes, as does this Congress, that there are no easy or short term fixes to resolve the Nation's deficit dilemma.

NCOA can state in very direct language that members of the Uniformed Services of the United States obeyed their orders throughout the War on Terror and will continue until withdrawal date from Afghanistan and worldwide deployments.

This Nation has an obligation to all service members and veterans to provide the best in medical care, mental health treatment, research and development of health treatment modalities, and prosthetics for the rest of their lives.

The Nation's obligation to service disabled veterans extends appropriately to their survivors.

The war in Iraq was terminated and the plan to draw down military operations in Afghanistan has begun with an exit strategy envisioned by 2014.

NCOA believes that the planned cessation of operations in Afghanistan coupled with severe budget cuts envisioned by Sequestration or other fiscal programs to the Department of Defense will create significant workload demands upon the Department of Veterans Affairs. Included will be significant increases for health care services (physical and mental health), disability claims, educational benefits, and entitlement programs administered by VA.

Many veterans will return to homes in rural America where further planning is required to meet their health care needs. These veterans will live far from a VAMC or CBOC but none-the-less will have the same complex requirements for physical disabilities, PTSD, concussions, and Traumatic Brain Injuries (TBIs).

While a transition of American forces has begun the withdrawal process the Nation remains engaged in a war in Afghanistan.

Since September 11, 2001, the *“infamous 9/11 of the 21st Century”* and the start of Operation Enduring Freedom and Operations Iraqi Freedom/New Dawn, America has suffered many casualties:

Killed in Action	4,291
Non Hostile Deaths	1,405*
Wounded in Action	50,509
Missing in Action	1 (Since June 2009 in Afghanistan)

Non Hostile Deaths Include 332 *Self Inflicted

Source: Defense Casualty Analysis System www.dmdc.osd.mil

NOTE: The reported number of personnel wounded above does account for those warriors who have varying degrees of Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injuries (TBI), mental health issues, and countless others who may today still have undiagnosed cases of mild

concussion and TBI. Additionally, further secondary conditions to concussion and TBI may still develop cognitive, auditory, and visual impairments which will require treatment.

NCOA recognizes that the Committees have always been responsive and supportive of veteran needs in a nonpartisan spirit. The two Committees have been thorough in their assessment of past budgets, recognizing the inadequacies facing our veterans and thus acted to add critically needed program resources. VA's ability to fulfill America's promises in the future will demand ensuring that an adequate budget is preserved to honor the institutional commitments made to America's veterans and their survivors. Concurrently, VA will need the necessary resources to build the infrastructure necessary to meet:

- the full array of physical and mental health demands of women veterans including preparedness to meet their expanded role as combatants,
- Healthcare, PTSD and mental health services for all veterans with special emphasis on those residing in rural areas.

The Committees and respective Members have actively participated and implemented legislation on many issues pertaining to our veterans in 2012. Congress demonstrated their commitment to assisting our veterans with the passage of the following legislation:

P.L. 112-154 Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012

P.L. 112-19137 VA Major Construction and Expiring Authorities Extension Act of 2012

P.L. 112-198 Veterans' Compensation Cost-of Living Adjustment Act of 2012

P.L. 112-249 Improving Transparency of Education Opportunities for Veterans Act of 2012

P.L. 112-260 Dignified Burial and Other Veterans' Benefits Improvement Act of 2012

The Oath that has been taken...

Year after year, NCOA insists in recognizing all who serve in Congress or in our Uniformed Services swear an Oath of Office, Enlistment, or Commissioning in which the following affirmation is sacredly promised:

"...to support and defend the Constitution of the United States of America."

NCOA remains cognizant, as you must also, that for military enlistment or commissioning the significance of those words bear the possibility of extreme sacrifice and even death. The unquestioned belief of all who serve is that they will have the finest war fighting equipment,

support services, healthcare, and ALL necessary institutional support while on Active Duty. They further believe that the Nation's institutional promises hold true. These promises include:

- whatever necessary quality and timely veteran health care is needed for the rest of the lives of America's veterans as a result of their military service,
- adequate benefits and entitlements,
- should they fall in the line of duty, the institutional commitment of this grateful Nation is to care for their survivors.

The reality of a national deficit in excess of \$16 Trillion does impact all citizens including, military members, veterans, and their family members. There is real concern across the Nation relative the resolution of the national fiscal deficit. Many military members recognize down-sizing will cause their forced separation before retirement eligibility. Also noted, the Nation's promised VA healthcare and benefits seem to be in jeopardy.

Many military members, disabled veterans, and veterans feel that they will become disenfranchised from the healthcare programs, entitlements and promised benefits as the result of being forced to bear the brunt of cost savings plans. Simply stated:

“Don't balance the VA budget on the backs of veterans and their survivors!”

NCOA believes for far too long some significant veteran issues have been neglected as the result of budget implications. We propose examples of veteran issues that budget implications continue to neglect the Nation's "care for those who have borne the battle, their widows and orphaned children." Here are two examples:

- America's disabled veterans remember the objectives stated by President Obama at the start of the 111th Congress to allow Chapter 31, disabled retired veterans concurrent receipt of their VA Disability Compensation and limited military retired pay. This remains not authorized by Congress.
- Likewise, the President's promises to end the Widow's Tax and allow receipt of their VA Dependency and Indemnity Compensation (DIC) and concurrent receipt of their military Survivor Benefit Program (SBP) annuity. This remains not authorized by Congress.

NCOA will continue efforts to seek legislative entitlement of these issues and will not agree with any fiscal excuse for limitations that seek to dampen such benefits as these two concurrent receipt programs. The Association will not point fingers or assign blame to this or previous Administrations for the Nation's \$16+ Trillion debt. A debt not caused by the Nation's 1% of the population that served in the Armed Forces and whose personal sacrifice(s) ensured the freedoms enjoyed by all Americans.

NCOA Veteran Priorities for the 113th Congress

PRIORITY #1

Adequate funding and accountable utilization of resources for the Department of Veterans Affairs remains NCOA's top concern for all VA program elements. That the VA Budget will continue to be protected from SEQUESTRATION OR ACROSS THE BOARD CUTS to meet national deficit reduction requirements.

PRIORITY #2

Ensure resources for fully integrated Implementation of the Veterans Benefits Management System (VBMS) to meet VA goals of completed processing within 125 days with a 98% error rate.

PRIORITY #3

Ensure VA provides timely access for all veterans including those living in rural America to quality programs that equally provide the full array of services for their physical and mental health requirements.

PRIORITY #4

Expand existing VA legislative entitlements to benefits equal to those offered all federal beneficiaries.

LEGISLATIVE RECOMMENDATIONS

VETERANS BENEFITS ADMINISTRATION (VBA)

VA Claims Backlog

Recommendation: That the Committees hold oversight hearings to evaluate full implementation and planned resolution of emerging problems.

Congress must ensure that the Veterans Benefits Administration has the budget resources in the VA Fiscal Appropriation for FY2014 to complete the full implementation of the VBMS to resolve the VA Claims Backlog.

VBMS appears to offer the electronic processing system necessary to reduce the claims backlog at an accelerated rate. Let's move this forward by ensuring both the resources for the system and the training of VA and Veteran Service Organizations personnel to work VBMS Claims. It is

unnecessary in our judgment to recite the causes of the existing backlog that is on the threshold of over 1 million veteran claims.

Claim Delays Often Causes Financial Hardship:

Recommendation: Provide the Department of Veterans Affairs discretionary authority to pay a partial monthly advance for the veteran to have assets for immediate financial needs.

Tragically, there are too many disabled veterans whose claims are a part of the backlog that are forced to seek advocates for public assistance for basic necessities such as: food, to pay their rent/mortgage, to pay utility bills. Their sacrifice for the Nation warrants the expeditious processing of their claims!

Examples received among many:

Army CPL, 3 deployments, IED wounded, separated from family, supported by community with 3 months rent, community church provided food baskets, and efforts being made to provide over \$300.00 for utilities.

Army SPC, 2 deployments, IED spinal cord injury, received relief from a church related organization which provided three months rent, and last indicator stated efforts were underway to raise a needed \$270.00 for utilities. The veteran continues waiting after 18 months for his VA claim to be completed.

These Soldiers, like many others, seem to have gotten lost in the claims system. Both will eventually receive significant disability compensation. The question to be answered is should they have to “plead” for help from the community.

DOD/VA Joint Individual Electronic Data and Health Record:

Recommendation: Can the DOD/VA Decision be reversed?

NCOA is extremely disappointed that the development of the joint electronic health record that has been in process for years was just terminated as a budget issue! Regrettably, the decision to terminate the electronic record was agreed to by DOD and VA. This one of a kind e-document initiated upon entrance in military service would later become the veteran’s continued data and health record. This innovative resource would have provided an electronic integrated data source that would also have facilitated the expeditious processing of claims in VBMS. While some elements of the spent years of development are now “deep-sixed” parts of that envisioned DOD/VA record may survive to provide record data. There is no doubt that eliminating an individual comprehensive data source will lengthen VBMS processing time. VBMS needs to maintain system transparency that is readily understood by veterans, VA, and veteran service representatives.

Dependency and Indemnity Compensation (DIC) Improvements:

Recommendation #1: Establish DIC program equity with other Federal Survivor Programs by establishing the VA DIC entitlement rate at 55% of a veterans 100% disability rating. When established in Law all DIC categories would be adjusted accordingly.

VA Survivors DIC compensation is established in Law at a rate equivalent to 43% of a 100% disabled veteran's disability compensation. Whereas, federal workers survivor compensation is set at 55% of the federal workers compensation. All Federal benefits of this nature should be standardized and consistent.

Recommendation #2: Establish DIC program equity with other Federal Survivor Programs that allow remarriage at age 55 vice the VA DIC beneficiary requirement that prescribes age 57.

VA DIC survivors should be allowed to remarry at age 55 vice the current prescribed age 57 which again would be equitable with other Federal Survivor Programs.

Recommendation #3: Allow concurrent receipt of VA DIC and DOD Survivor Benefit Program (SBP) entitlements that the military member established and had "secured" by monthly SBP premiums deducted from the member's military retired pay.

Military members at retirement have the option to elect the DOD Military Survivor Benefit Program option that will pay their spouse a monthly survivor annuity upon their death. The retiring military member pays a monthly premium based on the percentage or amount of SBP selected as the annuity payment. NCOA has always encouraged military audiences to buy into the SBP program for the financial security afforded their spouses. DOD has even changed the requirement that military members had to have their spouse's signature indicating awareness and concurrence on the election or rejection to participate in SBP.

Under current law, an eligible DIC annuitant cannot receive both DIC and SBP entitlements. The spouse's SBP payment is reduced by the amount of DIC and if there is a positive amount left in the calculation than the difference becomes payable to the spouse. The SBP calculation is reviewed to determine the amount of SBP premiums that are than refundable to the beneficiary. NCOA speaks for the deceased military members who can no longer speak for themselves regarding their SBP election and subsequent loss of entitlement planned for their widow.

- It was the military member's decision to elect SBP coverage and pay a premium from their "limited" monthly retired pay.
- Their decision was to ensure their spouse's financial security which at a maximum through SBP would have yielded 55% of their retired income as the spouse's annuity. They could also have chosen lesser levels of participation which would have yielded smaller monthly annuities.

- If they elected not to participate then upon the death of the member their spouse is not entitled to any payment. Retired pay automatically ends upon death of the member.
- The member, at time of retirement, may not have known that they had a “VA ratable service connected illness” and possibly a secondary related health issue that caused their death making their wife eligible for DIC compensation.
- The approved receipt of VA DIC is then offset from the DOD SBP Annuity.

Note: The Veterans Benefit Act of 2003 restored eligibility for DIC to spouses who remarried after age 57 (Section 1311e). DOD at that time began reducing SBP again for these widows by the amount of DIC received. Three military widows challenged the offset from their SBP after age 57. The U.S. Court of Appeals for the Federal Circuit ruled in *Sharp V. United States* entitlement to full SBP and DIC compensation. DOD did not appeal the decision and an estimated 700 remarried spouses became the first eligible for concurrent receipt of DIC and SBP. The ruling only applies to those widows who remarry after age 57. NCOA is appalled that a widow would have to wait until after age 57 to remarry to secure the benefit of both SBP and DIC as the Appeals Court stated:

*"As recognized by the trial court, there are many plausible explanations for Congress' decision to repeal the DIC-SBP offset only for surviving spouses who receive DIC by reason of their having remarried after age 57. Perhaps Congress intended to encourage marriage for older surviving spouses. Perhaps section 1311(e) simply represents a first step in an effort to eventually enact full repeal. **After all, the service member paid for both benefits: SBP with premiums; DIC with his life.** Perhaps it was recognition that the political process is the art of the possible, and that prudence counseled against making the perfect the enemy of the good. Whatever the reason, the government has failed to make the "extraordinary showing of [Congress'] contrary intentions" that would permit this court to construe section 1311(e) in a way that eviscerates its plain language."*

NCOA commented earlier in this Statement that President Obama had stated the injustice of the offset of SBP and DIC and the time had come to correct this matter. NCOA strongly supports the authorization and entitlement to both SBP and DIC.

Retired Disabled Veteran Concurrent Receipt:

Recommendation: Authorize military retired disabled veterans with less than 20 years of military service to receive concurrent receipt of VA Disability Compensation and their military retired pay.

Many veterans incurred a disability rating forcing separation from their chosen military career as physically disqualified for not maintaining required physical standards. These veterans, many who are significantly war wounded, receive limited military disability retirement income based on a formula that evaluates their disability rating, using the VA Rating Guide, and their length of military service. The fact that these disabled veterans have less than 20 years of military service they are not entitled to concurrent receipt of their DOD disability retirement and VA disability compensation. It is time to end this inequity and allow these veterans concurrent

receipt. These veterans are considered 10 USC, Chapter 61, Retirement or Separation for Physical Disability.

The status and financial plight of these veterans has been recognized since the end of the Vietnam War when many young service members were wounded. The “Chapter 61 Veterans” were given “hope” by President Obama in 2011 by recognizing the injustice of their situation and stating that the injustice would be worked to enable their concurrent receipt of VA and DOD benefits. The legislation was not approved again that year or since.

Improve Survivors’ and Dependents’ Educational Assistance (DEA):

Recommendation: Expand Title 38, Chapter 35 benefit entitlements to make the reality of education financially possible for survivors and dependents.

Recommend an increase in financial rate, authorize a book stipend, and establish future linked increases in benefits with other VA educational programs. The DEA program entitlement today is at least 20% lower than the Montgomery GI Bill. This Nation can do better for veteran survivors and their children.

VETERANS HEALTH ADMINISTRATION (VHA)

Adequate Funding of the Veterans Health Administration:

Recommendation: VHA must be funded above FY2013 levels to manage and meet the health care requirements of veterans extending its capacity throughout the existing VA Health Care System and concurrently programming further expansion to meet veteran requirement in underserved veteran populated areas and rural America. The Medical Advance Appropriation for 2015 will have to address the anticipated surge in veterans with the suspension of military operations in Afghanistan and related decreases associated with DOD budget reductions.

Remains the top priority of NCOA to ensure:

- TIMELY ACCESS TO QUALITY HEALTHCARE for all veterans regardless of residence location.
- Expansion of healthcare services for women veterans who will have expanded medical issues associated with their DOD announced Combatant Status.
- Provide healthcare access in rural areas to all needed services to veterans living distant to VAMC’s and CBOC’s.
- That Medical Research will be ramped up to accommodate the “mild” and severe TBIs.
- Review of Enhanced Prosthetics and management of requirement.

The VA Caregiver Service for Post-9/11 Veterans

Recommendation: Expand the existing VA Caregiver Service to all veterans whose health requirements appropriately warrant Caregiver Service.

This program administered by VA serves vital needs but only to a select group of Post 9/11 veterans. The program fails to recognize that today there remains many seriously wounded veterans of previous wars namely Vietnam whose homecare would benefit greatly from program expansion.

NCOA believes vital programs, such as the VA Caregiver Service, should be available by medical need criteria to all veterans with similar requirements. The Association knows well the beneficial impact of the love and health care provided by families for their Korea and Vietnam era personnel. The care that they give so generously in their homes provides great personal “*loving*” burdens on caregiver family members. The primary caregiver all too often is forced to abandon careers, along with vacations, reproductive choices, involvement in personal enrichment activities, and unfortunately, many cannot pursue educational dreams due to circumstances.

NCOA disagrees with any entitlements being defined for a category of veterans such as Post 9/11 veterans. The Association heralds the long overdue Caregiver Service. NCOA strongly believes however, that all veterans qualifying for healthcare service such as Caregiver Service should receive that service because they “*have borne the battle*” as asked by President Lincoln so long ago.

Let’s delay no more and expedite the necessary changes to amend this program to be inclusive of deserving veterans who meet the medical criteria.

Establishment of a non-VA Rural Healthcare Network

Recommendation: That VA formally establish a Rural Healthcare Network for the delivery of contract health care services to veterans living in rural areas. That VA takes responsibility and accountability to provide America’s veterans with timely access through an approved quality healthcare network. VA must take a stronger management role in rural health care to assure timely access to quality healthcare for ALL veterans regardless of their domicile.

Establish Rural Healthcare Networks defining procedures, procurement, and contracting policies for quality non-VA health care providers and service fees for veterans living in rural areas.

Make VA accountable for the budget and expense obligations associated with care provided by the Network Providers.

Expand CHAMPVA for Dental Entitlement:

Recommendation: Establish a CHAMPVA Dental program for those eligible for CHAMPVA healthcare.

It is recognized in the medical community that dental care and hygiene are prerequisites for avoiding significant health issues. Mayo Clinic associates endocarditis, cardiovascular disease, diabetes, osteoporosis, along with other diseases as attributable to dental issues. A specific dental entitlement would help CHAMPVA beneficiaries retain dental care and hygiene but concurrently avoid the onset of a large number of diseases.

Concussions and Traumatic Brain Injuries:

Recommendation: Increase research requirements to support the medical triage, treatment, and rehabilitation of veterans with concussion and Traumatic Brain Injuries (TBI).

Mild concussions and TBI will continue to significantly increase the demand from veterans for VHA healthcare resources to deal with concussion and brain injuries and extended secondary issues related to auditory and visual problems. The Defense Department on March 16, 2012 estimated that 233,425 service members had sustained a Traumatic Brain Injury (TBI) between 2000-2011. Concussions, as indicated by DOD, are also known as a “mild traumatic brain injury.” These “mild traumatic brain injuries” are the most common brain injury sustained by service members but are more difficult to diagnose than moderate or severe TBI.

NCOA is doubtful that the numbers of personnel suffering a “mild” form of TBI is adequately documented at this time. Active duty military personnel refrain, even today, from self-reporting of issues which may be caused by a mild concussion, fatigue, or any level of stress to medical clinics. Their fear in such reporting might well jeopardize their ability to complete a military career.

Downsizing of the military force will soon be a reality as either Sequestration or other imposed budget cuts are known. The tempo of end strength decreases will see greater demands for VA healthcare support as military members separate.

Suicide Risk Identification:

Recommendation: Further research and clinical study of veterans at suicide risk and interviews with their immediate family members to develop methods to assess potential suicidal ideology of military personnel and veterans.

The DOD and VA both recognize that suicide is preventable. Identification of variables (combat related, mental health attitude, relationships with contemporaries and family members alike, finances, and substance abuse) can provide both a perspective of potential intent and the intervention strategies to overcome the issues that are overwhelming the individual.

Education programs seek to develop supportive processes in military units seeking an “all hands” strategy to identify at-risk personnel and encouraging support to seek help early when problems are most manageable.

The Marine Corps has a study underway *Learning from Marines* that aims to capture the voice of Marines who have attempted suicide and incorporate their perspectives to improve suicide prevention programming. Beginning interviews were completed in January 2013 and results will further help shape Corps policy in prevention efforts.

Post Traumatic Stress Disorder (PTSD):

Recommendation: Continue research on PTSD and best treatment modalities.

VA has been the world leader in medical and mental health care of veterans suffering from PTSD. PTSD resulting from military experiences associated with horrific wartime traumatic experiences can also result in a host of personal medical issues and the inability to deal with life’s issues.

About NCOA

NCOA now celebrating its 53rd year of service representing active duty enlisted service members of all military services, the United States Coast Guard, National Guard and Reserve Components, retirees, veterans, and survivors. This representation of enlisted members from all services and components makes NCOA unique. This uniqueness allows the Association to provide a full and comprehensive perspective on issues affecting active duty, retiree, veteran, and survivors.

Association membership provides for service members and their families through every stage of their military career from enlistment to eventual separation, retirement, to their inevitable final military honors rendered by a grateful Nation. NCOA defines well its membership service as “cradle to grave” with continued services available to the veteran’s surviving family members. “Cradle” is an appropriate starting point as many of today’s service members are the dependents of veterans or retirees of the Uniformed Services.

NCOA, established in 1960, is registered in Texas as a 501c(19) entitled the Non Commissioned Officers Association of the United States of America and by its Articles of Incorporation define its ultimate purposes as:

- Upholding and defending the Constitution of the United States;
- Promoting health, fellowship, and prosperity among its members, their dependents, and their survivors through benevolent programs;
- Assisting veterans and their dependents and survivors through a service program established for that purpose;

- Improving conditions for service members, veterans, their dependents, and survivors;
- Fostering fraternal and social activities among its members in recognition that cooperative action is required for the furtherance of their common interest.

The Association's Headquarters serve a global membership of over 60,000 members of the Association and its NCOA International Auxiliary. Together, through the years, the Association and its 68 Chapters have fulfilled the Association's *Strength in Unity* motto through programs that have supported local military and civilian communities; provided outreach to hospitalized veterans at federal, state, and local hospitals and nursing homes; fundraising activities involving community services activities that support both their military and civilian communities. The Association also created the special national programs identified below that support members of the Uniformed Services and their families.

NCOA Medical Fund was created to promote the health and welfare of dependents of noncommissioned and petty officers and, in particular, to aid such persons faced with catastrophic medical problems. Grants awarded from the Fund are to assist with medically related incidental expenses (not actual medical bills).

The **NCOA Disaster Relief Fund** assists enlisted military personnel with immediate disaster related expenses. Grants have been awarded to assist with emergency needs related to bombing situations, fires, floods, hurricanes, typhoons, and tornadoes.

NCOA also established a **Veterans Employment Assistance (VEA) program in 1973** which pioneered a national employment assistance program for military personnel, veterans, and their family members. Special programs designed to create resumes, assist with interview preparedness, and assist with marketing themselves for today's ever changing job market. The VEA program combined with the Association sponsored job fairs are held in the CONUS and overseas. NCOA sponsored approximately 15 major job fairs annually from 1973 to 2009 with over 10,000 companies participating during those years. NCOA has joined together with MILITARY.COM to provide unique *Career Expos* designed specifically for these transitioning military members, veterans, retirees, and their family members.

NCOA continues to recognize the importance of assisting veterans, especially those returning war veterans. In 2009, returning war veterans were over represented in the National Unemployment Rate. Unfortunately, the trend in the Unemployment Rate remained too high throughout 2012, and at the start of 2013. NCOA recognizes that America's veterans need more opportunities for transitioning into the private sector. The NCOA/MILITARY.COM job fairs provide valuable in person contact with companies currently hiring and actively seeking these specific candidates. The cooperative venture has grown considerably since its inception and again this year, NCOA will host **46 Career Expo's** with MILITARY.COM across the United States. Each daylong Career Expo is held on, or in close proximity to major military installations maximizing participation from 500 to over 1,000 job seekers (with a constant average of 80% military/veterans and 20% dependents and civilians). The location in proximity to major military installations has facilitated wounded warrior's participation. Additionally, some of the *Career*

Expos have generated financial support from participating employers that has directly aided local community and military veteran humanitarian activities in the area of the Expo.

NCOA is a member of The Military Coalition (TMC), a forum of nationally prominent uniformed services and veterans' organizations that share a collective view on veteran and active duty issues.

NCOA is also a veteran organizational endorser of the 2014 Independent Budget.

CONCLUSION

The care we offer service members during the downsizing transition to the Administration's new agile warrior force and how we have cared for veterans yesterday, today and tomorrow will dictate the propensity of the next generation to enlist or accept commissioning in the military when such need arises for our Nation.

NCOA recognizes that the \$16+ Trillion deficit makes every budget dollar that much more critical. We believe that the fiscal management of VA as documented by the VA Office of Inspector General (OIG) warrants continual oversight by your Committees to ensure compliance with budget policies or the creation of new policies and procedures to better manage fiscal expenses. Accountability must be demanded by leadership at all levels.

We must not forget the reality that there will be no budget victory or savings for the Department of Veterans Affairs when the warriors leave the *battlefield* to return home. The extended cost of war will last the entire lifetime of those with service connected disabilities and will even be extended further by the Dependency Indemnification Compensation to certain survivors.

This Nation has a moral obligation to provide needed healthcare, rehabilitation, education, and whatever other support is deemed necessary regardless of cost for those sent into harm's way. America's veterans and their survivors have together faced the rigors of an arduous military career, the endless separations necessary to ensure the warrior's combat readiness, and finally the ultimate deployment(s) into warfare against terrorism or defined enemies. Spouses tendered their family needs while every day they were bombarded with media coverage of bombings against American forces not always knowing the fate of their loved one. Every separation was a daily prayer for their spouse's safe return, knowing that many would suffer injuries, wounds and perhaps even the ultimate sacrifice, their lives for America. War always exacts a physical toll and mental hardship on military members, their spouses, and children. After return, the wounds and rehabilitation of service members bring a new dimension of life for their families. The insidious realities of PTSD, family stress, and emotion turmoil impact our service families.

The Non Commissioned Officers Association of the United States of America (NCOA) is most appreciative of this opportunity to provide the Committees with the Association's Veteran Legislative Concerns.

NCOA believes your role is unique as Members of your Committees ***“to fulfill the Nation’s commitment to all veterans.”*** We know that Committee Members fully represent the institutional commitments promised to those who serve, or have served, in our military. Never forget that only 1% of all citizens have chosen to answer the Nation’s Call to Duty. The service and sacrifice of America’s veterans and their families have individually paid the premiums of all benefits and entitlements they have earned and were promised.

We respectfully request Chairman Sanders, Chairman Miller, and Members of your Committees that your individual advocacy for veterans must include by necessity the following programs that do not fall under your Committee’s jurisdiction but demand your advocacy. These programs do clearly impact veterans and their survivors and may even impact decisions of future generations to answer the clarion call to military duty. The Association asks again that you take an aggressive leadership role as veteran advocates throughout Congress on such issues as:

POW/MIA Accounting

Ensure the fullest accounting of POW/MIAs from all declared wars and conflicts. Let us remember them all and to be especially mindful of our Operation Enduring Freedom POW, PFC Bowe R. Bergdahl (Ketchum, ID). PFC Bergdahl remains a prisoner since June 2009.

Small Business and Employment Opportunity

Support any and all VA and DOL initiatives to further the employment of America’s veterans or to assist disabled veteran-owned small businesses ability to contract with the Federal Government.

Space Available Travel for Disabled Veterans

Support amending Title 10, USC, to allow Space Available (Space A) category for 100% service-connected disabled veterans on military aircraft or government transportation as afforded military retirees.

Thank you for the opportunity to present the Association’s 2013 legislative initiatives and issues on behalf of the membership of the Non Commissioned Officers Association of the United States of America.

I am pleased to answer any questions at this time.



Non Commissioned Officers Association of the USA

**H. Gene Overstreet
President**

Sergeant Major Gene Overstreet, the 12th Sergeant Major of the Marine Corps, accepted the position of President of the Non Commissioned Officers Association on August 22, 2003 at the NCOA Business Meeting. Sergeant Major Overstreet first joined NCOA as Vice President of Membership Recruiting on May 1, 2001.

Sergeant Major Overstreet was born December 4, 1944 in Houston, TX. He entered the U.S. Marine Corps in June 1966 and completed recruit training at Marine Corps Recruit Depot, San Diego, CA, followed by Basic Infantry Training School at Camp Pendleton, CA.

Upon completion of school, he reported to Staging Battalion at Camp Pendleton, for further assignment to the 1st Military Police Battalion, 3rd Marine Division, and Republic of Vietnam. Returning to the States, he was reassigned to the Infantry Training Regiment at Camp Pendleton. Sergeant Major Overstreet subsequently completed successful tours on the Inspector-Instructor staff, Wichita, Kansas; Recruiting duty in Des Moines, IA, and Detroit, MI; then returning to Marine Corps Recruit Depot San Diego, as a Junior Drill Instructor, Senior Drill Instructor, Series Gunnery Sergeant and Chief Instructor. Reassigned to Drill Instructor School, he was an Instructor, Drill Master, and Chief Instructor.

After completing First Sergeant School, he was assigned to Special Projects at Drill Instructor School, where he undertook the enormous task of completely transferring the Drill Manual onto videotape for more optimal use during instructional periods. His promotion to First Sergeant in February 1979 led to his third assignment on Okinawa as the First Sergeant, Headquarters and Service Co. 9th Engineer Battalion.

Upon his return from overseas, he was the First Sergeant of both, Company B and C, 1st Battalion, 4th Marines at Marine Corps Air Ground Combat Center, Twentynine Palms, CA.

Promoted to his present rank in October 1983, Sergeant Major Overstreet became the Inspector Sergeant Major, MCAGCC, Twentynine Palms. Returning to Marine Corps Recruit Depot San Diego, he served as a Battalion and Regimental Sergeant Major in the Recruit Training Regiment. Transferring to Camp Lejeune, NC, he served as the 6th Marines Sergeant Major. This assignment was followed by duty as Regimental Sergeant Major, 12th Marines, Okinawa.

On April 6, 1990, Sergeant Major Overstreet was posted as Depot Sergeant Major at San Diego. He was selected as the 12th Sergeant Major of the Marine Corps in April 1991, and assumed the post on June 28, 1991.

Sergeant Major Overstreet's personal decorations include: Distinguished Service Medal; Superior Service Medal; the Meritorious Service Medal; Navy Commendation Medal; Navy Achievement Medal; and the Combat Action Ribbon.

He is married to the former Jeanne Miller of Plainview, TX. They have one son, Jarod.

DISCLOSURE OF FEDERAL GRANTS AND CONTRACTS

The Non Commissioned Officers Association of the United States of America (NCOA) does not currently receive, nor has the Association ever received, any federal money for grants or contracts other than the routine allocation of office space and associated resources at Government facilities for outreach and direct services through its accredited National Veteran Service Officer Program.

